

# Specialist Refresher Program

## Application Form



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



<b>Full Name</b>			
<b>Date of Birth</b>		<b>College ID</b>	
<b>Address</b>			
<b>Suburb / Town</b>		<b>State/Region</b>	
<b>Postcode</b>		<b>Country</b>	
<b>Telephone</b>		<b>Email</b>	

Have you completed any Medical Board of Australia<sup>1</sup> or Medical Council of New Zealand<sup>2</sup> re-registration / re-certification requirements? Yes  No  NA

Are you currently registered as a Specialist Medical Practitioner? Yes  No

Do you hold practising registration or a current annual practising certificate? Yes  No

If yes, please include registration number \_\_\_\_\_

When did you last work as a Psychiatrist?	
When were you last in clinical practice?	
Do you have a subspecialty area of practice?	
Reason for participation in RANZCP Specialist Refresher Program (SRP):	

### The RANZCP SRP is portfolio based learning

Are you familiar with this style of learning? Yes  No

Do you wish to be sent some more detailed information about this? Yes  No

### The SRP requires clinical and professional mentoring

Do you have a potential educational supervisor to provide these requirements?	
If not, what type of person would you like to work with?	

<sup>1</sup> [Medical Board of Australia - FAQ and Fact Sheets](#) (AHPRA Information on "Returning to Practice")

<sup>2</sup> [APC2 \(mcnz.org.nz\)](#) (Medical Council of New Zealand "Practice Intentions")

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## Completion of the SRP

It is a requirement of the SRP that you record your portfolio and progress in RANZCP My CPD to demonstrate you are meeting your learning objectives.

At the conclusion of the program you and your educational supervisor are required to complete a program reflection and completion statement.

<b>Signed:</b>	<b>Date:</b>
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**For any further information contact the CPD Team:**

Tel: +61 3 9640 0646 or Email: [cpdhelp@ranzcp.org](mailto:cpdhelp@ranzcp.org)

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